



COPY OF PAPERS
ORIGINALLY FILED

10039634-090902
10-c 4700 DAC

Please type a plus sign (+) inside this box -> ☐

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

| | | | |
|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/039,634 | |
| | Filing Date | November 9, 2001 | |
| | First Named Inventor | Rizzoni et al. | |
| | Group Art Unit | | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | OSU1159-143C |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Signed Declaration and Power of Attorney for Giorgio Rizzoni |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

RECEIVED
SEP 16 2002
OFFICE OF PETITIONS

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--------------------|
| Firm or Individual name | Roger A. Gilcrest |
| Signature | |
| Date | September / , 2002 |

| CERTIFICATE OF MAILING | |
|--|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, Washington, D C 20231 on this date: September 3, 2002 | |
| Typed or printed name | Sheri L. Burke |
| Signature | |
| Date | September 3, 2002 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.